

OSAH FORM 1(This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.)

OSAH ONLY DOCKET NUMBER:	AGENCY CODE PH	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: **DIVISION OF PUBLIC HEALTH (PH)**

COUNTY OF RESIDENCE OR PLACE OF BUSINESS: _____

DATE OF REQUEST FOR HEARING: _____

SELECT ONE:		
<input type="checkbox"/> ASL Ambulance Service License	<input type="checkbox"/> EMT Emergency Medical Technician	<input type="checkbox"/> NT Neonatal Transport Service License
<input type="checkbox"/> BCW Babies Can't Wait	<input type="checkbox"/> EMTI Emergency Med. Tech. Instructor	<input type="checkbox"/> PI Paramedic Instructors
<input type="checkbox"/> EMS Emergency Medical Services	<input type="checkbox"/> MFR Medical First Responder Service License	<input type="checkbox"/> Other, please specify : _____

CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	POSITION:	EMAIL: PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR NO:	EMAIL: PAGER:

NON-AGENCY PARTY: OSAH DATA INPUT: "Licensee" for ASL, EMS, EMT, MFR, & NT, "Instructor" for EMTI & PI, "Baby" for BCW

NAME OF NON-AGENCY PARTY:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST:	POSITION:	EMAIL: PAGER:
IF NON-AGENCY PARTY IS A CORPORATION, INDICATE REGISTERED AGENT:	TEL NO:	FAX NO:
ADDRESS OF REGISTERED AGENT INCLUDING ZIP CODE:	GEORGIA BAR NO:	EMAIL: PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR NO:	EMAIL: PAGER:

PARTY REQUESTING THE HEARING: ☐ NON-AGENCY PARTY ☐ NON-AGENCY PARTY'S ATTORNEYFOR PUPOSES OF THIS HEARING, THE PARTY INDICATED WILL BE ☐ PETITIONER ☐ RESPONDENT IN THIS MATTER.

DOCUMENT REQUESTING THE HEARING: As "Attachment 1" to this form, attach the document initiating the hearing.

ISSUES TO BE RESOLVED: As "Attachment 2", attach an outline of legal issues and factual matters to be resolved at the hearing including specific statutes or rules to be applied at the hearing.

SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet identifying any statutes or rule (state of federal) establishing any specific time deadlines or procedures that are to be applied by OSAH in resolving the matter referred.

SERVICE OF DOCUMENTS: In addition to routine service on the agency's attorney, the agency contact person requests the following:

- ☐ No service of documents prior to certification of the file to the agency after a decision
- ☐ Service of all documents prior to certification of the file to the agency after a decision
- ☐ Service of a copy of the notice of hearing ☐ Service of a copy of a continuance ☐ Service of copy of any interim orders.

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.